## Best Available Copy\_

## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

| Ellective October 1, 2001   |   |   |                                       |                               |              |                  |              | 28850001       |                        |    |   |                        |  |
|---|---|---|---------------------------------------|-------------------------------|--------------|------------------|--------------|----------------|------------------------|----|---|------------------------|--|
| CLAIMS AS   |   |   | (Column 1)                            |                               | (Column 2)   |                  | SMAL<br>TYPE | SMALL ENTITY   |                        | OR | OTHER THAN<br>SMALL ENTITY              |                        |  |
| TOTAL CLAIMS  |   |   | 30                                    |                               |              |                  | RAT          | Έ              | FEE                    |    | RATE                                    | FEE                    |  |
| FOR   |   |   | NUMBER FILED                          |                               | NUMBER EXTRA |                  | BASIC        | FEE            | 370.00                 | OR | BASIC FEE                               | 740.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |   |   | <b>了</b> ø minus 20=                  |                               | * 10         |                  | X\$          | 9=             |                        | OR | X\$18=                                  | (80                    |  |
| INDEPENDENT CLAIMS  |   |   | ← minus 3 =                           |                               | * /          |                  | X42          | X42=           |                        | OR | X84=                                    | 84                     |  |
| MU  | LTIPLE DEPEN  | DENT CLAIM PI                             | RESENT                                |                               |              |                  | +140=        |                |                        | OR | +280=                                   |                        |  |
| * If  | the difference  | in column 1 is                            | less than zero, enter "0" in column 2 |                               |              |                  | TOT          | AL             |                        | OR | TOTAL                                   |                        |  |
|   | CI  |   | MENDED - PART II                      |                               |              |                  | SM/          |                | ENTITY                 | OR | OTHER THAN SMALL ENTITY                 |                        |  |
|   |   | (Column 1)<br>CLAIMS                      | COMPRESSOR TO                         | (Colur                        |              | (Column 3)       | SIVIE        |                |                        |    | SINALL                                  |                        |  |
| <b>AMENDMENT A</b>  |   | REMAINING<br>AFTER<br>AMENDMENT           |                                       | NUMI<br>PREVIC<br>PAID        | BER<br>DUSLY | PRESENT<br>EXTRA | RAT          | Έ              | ADDI-<br>TIONAL<br>FEE |    | RATE                                    | ADDI-<br>TIONAL<br>FEE |  |
|   | Total   | *   | Minus                                 | **                            |              | =                | X\$ :        | )=             |                        | OR | X\$18=                                  |                        |  |
|   | Independent   | *   | Minus                                 | ***                           | F OL AIRA    |                  | X42          | !=             |                        | OR | X84=                                    |                        |  |
|   | FIRST PRESE   | NTATION OF MI                             | JLTIPLE DEP                           | ENDENI                        | CLAIM        |                  | +14          | )=.            |                        | OR | +280=                                   |                        |  |
|   |   |   |                                       |                               |              |                  |              | TAL            |                        | OR | TOTAL<br>ADDIT. FEE                     |                        |  |
| (Column 1) (Column 2) (Column 3)  |   |   |                                       |                               |              |                  |              |                |                        |    | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                        |  |
| AMENDMENT B   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY | PRESENT<br>EXTRA | RAT          | Έ              | ADDI-<br>TIONAL<br>FEE |    | RATE                                    | ADDI-<br>TIONAL<br>FEE |  |
|   | Total   | *   | Minus                                 | **                            |              | =                | X\$ 9        | <del>)</del> = |                        | OR | X\$18=                                  |                        |  |
|   | Independent   | *<br>NTATION OF MI                        | Minus                                 | ***                           | CLAINA       | =                | X42          | <b>!=</b>      |                        | OR | X84=                                    |                        |  |
|   | FIRST PRESE   | NIATION OF IM                             | DETIFIE DEF                           | ENDEN                         | CLAIM        |                  | +140         | )=             |                        | OR | +280=                                   |                        |  |
|   |   |   |                                       |                               |              |                  | TC<br>ADDIT. | TAL            |                        | OR | TOTAL<br>ADDIT, FEE                     |                        |  |
| (Column 1) (Column 2) (Column 3)  |   |   |                                       |                               |              |                  |              |                |                        |    |   |                        |  |
| AMENDMENT C   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY | PRESENT<br>EXTRA | RAT          | Έ              | ADDI-<br>TIONAL<br>FEE |    | RATE                                    | ADDI-<br>TIONAL<br>FEE |  |
|   | Total   | *   | Minus                                 | **                            |              | =                | X\$ 9        | <del>)</del> = | "                      | OR | X\$18=                                  |                        |  |
|   | Independent   | *   | Minus                                 | ***                           | T CL AIRA    |                  | X42          | =              |                        | OR | X84=                                    |                        |  |
| <u></u>   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                                       |                               |              |                  | +140         | )=             |                        | OR | +280=                                   |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT FEE |   |   |                                       |                               |              |                  |              |                |                        | OR | TOTAL                                   |                        |  |
| ***   | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |                                       |                               |              |                  |              |                |                        |    |   |                        |  |